

Case Number:	CM15-0038782		
Date Assigned:	03/09/2015	Date of Injury:	09/23/2004
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male, who sustained an industrial injury on 9/23/2004. He reported an injury to the lower and upper back and bilateral ears while working as a patrol officer. The mechanism of injury and initial complaint was not provided for review. The injured worker's diagnoses included lumbar degenerative disc disease, status post anterior and posterior lumbar 4-sacral 1 fusion, status post hardware removal due to infection and chronic non-healing wound with incision and debridement (1/11/2015). Treatment to date has included surgery, physical therapy, lumbar epidural steroid injection and medication management. The injured worker was documented to have post-operative delirium with psychiatric evaluation and infectious disease consultation. Currently, the injured worker complains of worsening low back pain and right hip pain. The treatment plan included the request for a sitter due to the injured worker confusion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One on one sitter (# hours) Qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The patient presents with confusion in the setting of underlying staphylococcus aureus infection in the lumbar spine and also with receiving a number of medications for agitation, sedation and pain. The current request is for one on one sitter, (# hours), qty. 24. The requesting provider's medical report for date of service 1/23/15 has not been provided. In a report provided from a different provider the physician states that according to the patient's wife he is actually worse at home prior to this admission with disorientation, confusion and occasional hallucinations. The MTUS guidelines state that home health services are "recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." (CMS, 2004). In this case, the treating physician has requested a one on one sitter, which is considered a homemaker service. Homemaker services are not considered as medical services and are not considered medically necessary by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.